

AUG 03 2006

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (303) 740-1980

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (303) 740-6962

FACSIMILE COVER SHEET

Deliver to: Mitchell, Jason D., USPTOArt Group: 2193Facsimile No.: (571) 273-8300Date: August 3, 2006From: Ashley R. Ott, Reg. No. 55,515Our Docket No.: 42390P10195Number of pages 12, including this sheet.Application No.: 10/037,530Filing Date: 1/3/2002Docket Due Date(s): 8/3/2006

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>8</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ <u>(pgs) w/cover & abstract</u>	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

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Pat Sullivan 8/3/2006
Pat Sullivan Date

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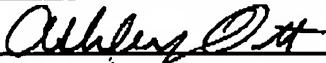
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/037,530
		Filing Date	January 3, 2002
		First Named Inventor	W. Kyle Unice
		Art Unit	2193
		Examiner Name	Mitchell, Jason D.
Total Number of Pages in This Submission	12	Attorney Docket Number	42390P10195

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 3, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
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Based on PTO/SB/21 (08-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M) 11/20/2006.
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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/037,530
Filing Date	January 3, 2002
First Named Inventor	W. Kyle Unice
Examiner Name	Mitchell, Jason D.
Art Unit	2193
Attorney Docket No.	42390P10195

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	18	- 25% =	0	X	Extra Claims	Fee from below	=	Fee Paid
Independent Claims	2	- 5% =	0	X	200.00	=		\$0.00
Multiple Dependent								

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	720	2204	360	**Raise issue independent claims over original patent
1205	300	2205	150	**Raise issue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		\$0.00

*or number previously paid, if greater. For Rerates, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or cash
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	80	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	785	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1607	50	1807	50	Processing fee under 37 CFR 1.17(g)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	780	1809	385	Filing a submission after final rejection (37 CFR § 1.128(b))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)		(S)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	08/03/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wrt) 12/15/2004.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

Complete if Known	
Application Number	10/037,530
Filing Date	January 3, 2002
First Named Inventor	W. Kyle Unice
Examiner Name	Mitchell, Jason D.
Art Unit	2193
Attorney Docket No.	42390P10195

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	18	- 25' = 0	x 50.00	\$0.00
Independent Claims	2	- 3' = 0	x 200.00	\$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee	Fee Code (S)	Fee	Fee Code (S)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Mutual Dependent claim, if not paid
1204	780	2204	395	"Reissue independent claims over original patent
1205	300	2205	160	"Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(S)	0.00

**or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2061	65	Surcharge - late filing fee or cash
1052	50	2062	25	Surcharge - late provisional filing fee or cover sh
2053	130	2053	130	Non-English specification
1251	120	2261	60	Extension for reply within first month
1252	450	2262	225	Extension for reply within second month
1253	1,020	2263	610	Extension for reply within third month
1254	1,590	2264	795	Extension for reply within fourth month
1255	2,160	2265	1,090	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	600	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	810	Petition to institute a public use proceeding
1480	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	190	1806	190	Submission of Information Disclosure Stmt
1809	790	1809	295	Filing a submission after final rejection (37 CFR 1
1810	790	2810	395	For each additional invention to be examined (37 CFR 1
Other fee (specify)				

Fee Paid

SUBMITTED BY

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature				Date	08/03/06

Complete (if applicable)

Based on PTO/SB/17 (12-04) as modified by Blatley, Saksenoff, Taylor & Zeffman (w/r) 12/15/2004.
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AUG 09 2006

Our Docket No.: 42P10195

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Application of:**

Unice)	Examiner: Mitchell, Jason D.
Application No.: 10/037,530)	Art Group: 2193
Filed: January 3, 2002)	
For: Method and Computer Program Product) <u>for Providing a Device Driver</u>)	

AMENDMENT

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 05/03/2006, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

August 3, 2006Date of TransmissionPat SullivanName of Person Transmitting CorrespondenceSignaturePat Sullivan08/03/2006Date

Atty Docket No. 42P10195
 Application No. 10/037,530